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06/14/2007

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In Chuna 11	(Depositor's name
1111	(Signature
1 9/14/07	(Date)

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/676,175 09/29/2000 42390.P7512 1540 Orna Etzion

TITLE OF INVENTION: EXECUTING A TRANSLATED BLOCK OF INSTRUCTIONS AND BRANCHING TO CORRECTION CODE WHEN EXPECTED TOP OF STACK DOSE NOT MATCH ACTUAL TOP OF STACK TO ADJUST STACK AT EXECUTION TIME TO CONTINUE EXECUTING WITHOUT RESTARTING TRANSLATING

APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	09/14/2007
EXAM	INER	ART UNIT	CLASS-SUBCLASS]		
MEONSKE	, TONIA L	2181	712-227000		×	
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		registered attorney or agent) and the names of up to		Taylor	y, Sokoloff, & Zafman LLP	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

Edwin H. Taylor

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Typed or printed name _

8791

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Intel Corporation	Santa Clara, California			
Please check the appropriate assignee category or categories (will not be p	printed on the patent): 🔲 Individual 🔀 Corporation or other private group entity 🔲 Government			
	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)			
Issue Fee	A check is enclosed.			
Publication Fee (No small entity discount permitted)	Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of Copies	The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 02 - 2666 (enclose an extra copy of this form).			
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Authorized Signature	Date 9/2/67			

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